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Enhancing Knowledge and Attitudes: Emo Demo's Effectiveness in Breastfeeding Practices (A Pilot Study in Gili Iyang Island)

Meningkatkan Pengetahuan dan Sikap: Efektivitas Emo Demo dalam Praktik Menyusui (Studi Percontohan di Pulau Gili Iyang)

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ABSTRACT

Background: Exclusive breastfeeding for the first six months of an infant's life and appropriate complementary feeding are essential for child growth and development. However, the low knowledge and attitudes of mothers and caregivers on Gili Iyang Island pose a challenge in achieving optimal infant feeding practices.

Objectives: To determine the effectiveness of emo-demo in improving knowledge and attitudes regarding exclusive breastfeeding and appropriate complementary feeding in Gili Iyang Island.

Methods: This pilot study used a pre-test-post-test design with two post-intervention measurements. Respondents consisted of 20 pregnant women and 16 caregivers. The sample was taken by total sampling. Data were analyzed using the Wilcoxon test.

Results: The analysis showed a significant increase in the knowledge score of pregnant women after (p=0.008) and 30 days after the emo-demo activity (p=0.008). However, there was no significant change in maternal attitude (p=0.417). In the caregiver, there was a significant increase in knowledge after (p=0.003) and 30 days after the activity (p=0.003) and in the attitude of the caregivers 30 days after the activity (p=0.013).

Conclusion: Emo-demo is effective in improving the knowledge of pregnant women and their caregivers regarding exclusive breastfeeding and appropriate complementary feeding. However, the effect on participants' attitudes requires additional approaches for more optimal results.

Keywords: Complementary feeding, Emo demo, Exclusive breastfeeding, Health education, Zero hunger

ABSTRAK

Latar Belakang: *Pemberian ASI eksklusif selama enam bulan pertama kehidupan bayi dan MPASI yang tepat sangat penting untuk pertumbuhan dan perkembangan anak. Namun, rendahnya pengetahuan dan sikap ibu serta pendamping ibu hamil di Pulau Gili Iyang menjadi tantangan dalam mencapai praktik pemberian makan bayi yang optimal.*

Tujuan: *Untuk mengetahui efektivitas emo-demo dalam meningkatkan pengetahuan dan sikap mengenai pemberian ASI Eksklusif dan MP-ASI yang tepat di Pulau Gili Iyang.*

Metode: *Penelitian ini merupakan studi percontohan menggunakan desain pre-test-post-test dengan dua kali pengukuran pasca intervensi. Responden terdiri dari 20 ibu hamil dan 16 pendamping ibu hamil. Sampel diambil secara total sampling. Data dianalisis menggunakan uji wilcoxon.*

Hasil: *Hasil analisis menunjukkan peningkatan signifikan pada skor pengetahuan ibu hamil setelah (p=0.008) dan 30 hari setelah kegiatan Emo Demo (p=0.008). Namun, tidak ditemukan perubahan signifikan pada sikap ibu (p=0.417). Pada pendamping ibu, terdapat peningkatan signifikan pada pengetahuan setelah (p=0.003) dan 30 hari setelah kegiatan (p=0.003). Perubahan sikap pendamping signifikan 30 hari setelah kegiatan (p=0.013).*

Kesimpulan: *Emo-demo efektif dalam meningkatkan pengetahuan ibu hamil dan pendamping ibu terkait ASI eksklusif dan MPASI yang tepat. Namun, pengaruh terhadap sikap peserta memerlukan pendekatan tambahan untuk hasil yang lebih optimal.*

Kata kunci: *ASI eksklusif, Edukasi kesehatan, Emo Demo, MPASI, Zero hunger*

INTRODUCTION

The first 1,000 days of life spanning from conception to a child's second birthday represent a critical window for ensuring optimal growth, development, and long-term health outcomes. During this period, rapid brain development occurs, and nutritional and environmental exposures play a decisive role in shaping a child's physical and cognitive potential (BKKBN, 2021). Inadequate nutrition and poor stimulation during this phase can lead to long-term consequences, including stunting, impaired immune function, reduced cognitive capacity, and increased risk of chronic diseases in adulthood.

Exclusive breastfeeding for the first six months of life, followed by appropriate complementary feeding, is recognized globally as a key intervention for preventing malnutrition and promoting healthy development. Despite strong evidence and international recommendations, coverage of exclusive breastfeeding remains suboptimal in many regions. According to the World Health Organization (2021), only 44% of infants globally are exclusively breastfed during the first six months (UNICEF, 2022). In Indonesia, only 72.04% of infants received exclusive breastfeeding in 2022 (BPS, 2024), with significant disparities across provinces. In East Java Province, the rate was 69.72%, while in Dungkek District, Sumenep Regency, the figure dropped sharply to just 26.18% (Dinkes Sumenep, 2022). This situation is concerning given the known barriers in such regions, including lack of information, cultural taboos, poor support systems, and limited access to healthcare professionals.

Gili Iyang Island is one of the service areas under the jurisdiction of Dungkek Public Health Center. The island comprises two villages, namely Banraas and Bancamara. A preliminary study conducted on Gili Iyang Island through a survey revealed that all respondents had introduced complementary feeding (MP-ASI) before the infants reached six months of age (early complementary feeding). The reasons cited for early complementary feeding included frequent infant crying (100%), family influence (86%), environmental factors (28%), maternal health issues (28%), lack of maternal knowledge (14%), and infant refusal to breastfeed (14%). Early introduction of complementary feeding has been associated with increased risk of childhood obesity (Lutter, Grummer-Strawn and Rogers, 2021). Furthermore, early complementary feeding may elevate the risk of gastrointestinal disturbances such as diarrhea, constipation, bloating in infants, and even mortality (Ida, Hayati and Sari, 2021). Therefore, the success of exclusive breastfeeding programs in Gili Iyang Island is crucial to prevent the adverse outcomes associated with early complementary feeding.

Previous studies suggest that mothers' knowledge and attitudes play a crucial role in infant feeding decisions (Sabriana *et al.*, 2022). On the other hand, the knowledge and attitudes of caregivers can influence the provision of appropriate complementary foods to infants under 6 months of age (Lestiarini and Sulistyorini, 2020). Health education has thus become a central strategy for improving exclusive breastfeeding practices. One promising method is the Emotional Demonstration (Emo-Demo), an innovative approach grounded in Behavior Centered Design (BCD) theory. This method emphasizes behavior change through engaging, surprising, and emotionally resonant content, and has shown effectiveness in increasing maternal knowledge, intention, and attitudes toward exclusive breastfeeding (Nurmawati and Nurfadhilah, 2020; Supriyadi *et al.*, 2021).

However, most existing studies on Emo-Demo have been conducted in urban or more accessible settings, with limited evidence from remote or underserved areas like Gili Iyang Island. The Emo Demo intervention was conducted on Gili

Iyang Island, targeting all pregnant women and their caregiver. The Emo Demo was implemented following the preliminary study and was centrally located at the *Posyandu* (integrated health posts) in Banraas and Bancamara Villages. The theme of the Emo Demo was "Breast Milk Alone is Enough or *ASI SAJA CUKUP*." Prior to the demonstration, an introductory session was held to explain the importance of exclusive breastfeeding, appropriate complementary feeding practices, and strategies for responding to infant crying. The Emo Demo aimed to improve participants' knowledge and attitudes regarding the provision of exclusive breastfeeding for their infants. Therefore, this study aims to determine the effectiveness of Emo Demo in increasing knowledge and attitudes regarding the provision of exclusive breastfeeding and appropriate complementary feeding in Gili Iiyang Island, Dungkek District, Sumenep Regency.

METHODS

This pilot study employed a pre-experimental design with a pre-test and post-test approach to evaluate the effectiveness of the Emo-Demo method in improving knowledge and attitudes related to exclusive breastfeeding and appropriate complementary feeding among pregnant women and their caregivers. The research was conducted from March to October 2024 in Banraas and Bancamara Villages on Gili Iyang Island. Gili Iyang Island's under the jurisdiction of the Dungkek Public Health Center in Sumenep Regency.

The population included all pregnant women and their primary caregivers residing in the study locations. A total sampling technique was used, involving all pregnant women (n=20) and caregivers (n=16) who voluntarily participated in the Emo-Demo sessions. Inclusion criteria were: (1) residing in one of the two target villages, (2) willingness to participate in both pre-test and post-test sessions, and (3) ability to understand the educational material. Exclusion criteria included inability to attend both testing sessions or having serious health conditions or communication limitations that interfered with participation. As a pilot study, the sample size was limited and not intended for generalization but rather for testing feasibility and preliminary effects of the intervention. This approach also allowed for identifying potential implementation barriers before larger-scale studies.

Intervention

The educational intervention used the Emo-Demo method titled *"ASI SAJA CUKUP,"* developed by the Global Alliance for Improved Nutrition (GAIN) in collaboration with the Indonesian Ministry of Health. Figure 1 illustrates the Emo-Demo implementation mechanism. The Baby Belly Card (Figure 2) was also used as an educational tool during the sessions. The session lasted approximately two hours and included the following steps:

1. Participant registration and informed consent.
2. Pre-test administration.
3. Introduction to exclusive breastfeeding and complementary feeding, including techniques for managing infant crying.
4. Demonstrative and interactive Emo-Demo session, emphasizing emotional engagement and behavioral triggers.
5. Question-and-answer session.
6. Immediate post-test, and a follow-up post-test 30 days later to assess short-term retention.

Figure 1. Emo Demo Implementation Mechanism

Figure 2. Baby Belly Card

Data were collected using a Likert-scale questionnaire developed by the Community Empowerment Team to assess knowledge and attitudes. The reliability test was carried out using the Cronbach's alpha method. The results show that all items on instrument have an alpha value>0.60 which indicates that the instrument is reliable (α>0.60) (Ghozali, 2018).

Table 1. Reliability test of the instruments

Instrument	Total Items	Cronbach's Alpha
Knowledge instrument for pregnant woman	10	0.638
Attitude instrument for pregnant woman	10	0.731
Knowledge instrument for caregiver	9	0.616
Attitude instrument for caregiver	10	0.670

Descriptive statistics were used to summarize participant demographics and baseline scores. The Wilcoxon signed-rank test was used to compare pre-test and post-test scores, given the ordinal nature of the data and the non-normal distribution. Data were analyzed using SPSS. This study received ethical approval from the Research Ethics Committee of the Faculty of Dentistry, Universitas Airlangga (Reference: 1021/HRECC.FODM/X/2024). All participants provided written informed consent after receiving verbal and written information about the study's objectives and procedures.

RESULTS AND DISCUSSION

The study involved 20 pregnant women and 16 pregnant women's caregivers from the first to the third trimester on Gili Iyang Island, Sumenep District, East Java (Tables 1 and 2). Most pregnant women were in their second trimester (50%) and had attained a senior high school education (35%). The majority had income and expenditure levels below the district minimum wage (60%). Similarly, most caregivers were husbands (50%) with elementary school-level education (43.8%), and 62.5% reported income below the minimum wage, reflecting notable socioeconomic constraints.

Table 2. Characteristics of Pregnant Women Respondents (n=20)

Characteristics	n	%
Pregnancy Age		
1st Trimester	2	10.0
2nd Trimester	10	50.0
3rd Trimester	8	40.0
Education		
Not attending school	0	0
Elementary school/equivalent	3	15.0
Junior high school/ equivalent	5	25.0
Senior high school/ equivalent	7	35.0
Diploma/S1	4	20.0
Other	1	5.0
Income		
Less than District Minimum Wage (IDR 2,249,113)	12	60.0
District Minimum Wage (IDR 2,249,113)	5	25.0
More than District Minimum Wage (IDR 2,249,113)	3	15.0
Outcome		
Less than District Minimum Wage (IDR 2,249,113)	12	60.0
District Minimum Wage (IDR 2,249,113)	2	10.0
More than District Minimum Wage (IDR 2,249,113)	6	30.0

Table 3. Characteristics of Pregnant Women Caregivers Respondents (n=16)

Characteristics	n	%
Relationship with pregnant women		
Husband	8	50.0
Mother	4	25.0
Sibling	4	25.0
Sex		
Male	8	50.0
Female	8	50.0
Education		
Not attending school	1	6.3
Elementary school/equivalent	7	43.8
Junior high school/ equivalent	2	12.5
Senior high school/ equivalent	3	18.8
Diploma/S1	2	12.5
Other	1	6.3
Income		
Less than District Minimum Wage (IDR 2,249,113)	10	62.5
District Minimum Wage (IDR 2,249,113)	3	18.8
More than District Minimum Wage (IDR 2,249,113)	3	18.8
Outcome		
Less than District Minimum Wage (IDR 2,249,113)	11	68.8
District Minimum Wage (IDR 2,249,113)	3	18.8
More than District Minimum Wage (IDR 2,249,113)	2	12.5

Knowledge and Attitude Change

The Wilcoxon test indicated a significant increase in knowledge scores among both pregnant women and caregivers after participating in the Emo-Demo intervention. Pregnant women's median knowledge score rose from 65 (pre-test) to 77.13 (post-test) and 81 (30 days post-test) with p-values <0.05. A similar pattern was seen among caregivers, whose scores increased from 60.63 (pre-test) to 75.63 (post-test) and 68.91 (30 days post-test), with p-values <0.05 (Tables 3 and 4). This demonstrates that the Emo-Demo approach was effective in enhancing participants' knowledge of exclusive breastfeeding and complementary feeding.

In contrast, attitude changes showed mixed results. Pregnant women exhibited no statistically significant attitude improvement (p=0.417), despite a slight increase in median scores. Among caregivers, however, attitude change was not significant immediately after the intervention (p=0.059) but became significant 30 days post-intervention (p=0.013), suggesting a delayed effect.

Table 4. Results of Pre-Post Test Analysis of Knowledge and Attitudes of Pregnant Women

Variables	n=20	Median	Min-Max	*p-value*
Knowledge				
Pre-test	20	65	20-100	0.008
Post-test	20	77.13	60-92.5	
30 days post-test	20	81	40-100	0.008
Attitude				
Pre-test	20	71.25	40-100	0.417
Post-test	20	81	40-100	
30 days post-test	20	77.5	55-100	0.417

Table 5. Results of Pre-Post Test Analysis of Knowledge and Attitudes of Pregnant Women Caregivers

Variables	n=16	Median	Min-Max	*p-value*
Knowledge				
Pre-test	16	60.63	30-80	0.003
Post-test	16	75.63	50-100	
30 days post-test	16	68.91	47.5-80	0.03
Attitude				
Pre-test	16	68.91	47.5-80	0.059
Post-test	16	73.61	40-100	
30 days post-test	16	75.63	50-100	0.013

The findings indicated a significant improvement in knowledge scores among both groups after the 30-day intervention. However, changes in attitudes were more nuanced: caregivers demonstrated significant improvements, while pregnant women did not show statistically significant attitude changes. This suggests that increased knowledge alone is not enough to directly influence attitudes (Teng *et al.*, 2020; Alves, 2024). Sustainable approaches, such as follow-up and strengthening social support, are needed to ensure the application (Ogbo *et al.*, 2020; Bektas and Arkan, 2021; Rojas-García, Lingeman and Kassianos, 2023).

This discrepancy in attitude change may be attributed to several factors. First, pregnant women's physiological and emotional state (e.g., fatigue, hormonal changes) may reduce their cognitive receptiveness and emotional bandwidth during educational sessions (Musfiroh *et al.*, 2023). This could hinder the internalization of new values and delay behavioral change despite increased knowledge.

Second, caregivers, primarily husbands and family members, were not directly experiencing pregnancy-related discomfort and could more fully process the information. The delayed change suggests that while their initial attitude may have been rooted in cultural habits or misinformation, repeated reflection and social reinforcement over time helped shift their perspective (Dahake and Shinde, 2020; Wahyuni *et al.*, 2024). Third, the difference may also reflect household power dynamics, where caregivers often act as decision-makers in feeding practices (Shittu *et al.*, 2024). Their attitude change though delayed may reflect their increasing sense of responsibility after absorbing new information and witnessing its importance over time.

This pilot study has several limitations, including the absence of a control group, which limits causal inferences. The sample size was small and limited to those who attended the intervention, potentially introducing selection bias. The follow-up period was limited to 30 days, which may not fully capture long-term behavioral change. However, these limitations are acknowledged as part of the exploratory nature of a pilot study, and findings will be used to guide larger-scale research and intervention refinement.

While the quantitative results highlight promising effects of Emo-Demo, this study has several limitations that restrict broader interpretation. The sample size was small and drawn from a specific, rural island community with distinct sociocultural traits. Therefore, findings should not be generalized without caution to other settings with different demographic profiles.

This study relied exclusively on Likert-scale assessments, which may not capture the nuanced reasons behind attitude resistance or delay. Future studies should include interviews or focus groups to explore participants' perceptions, emotional barriers, and contextual influences. While cultural norms, family pressure, and traditional feeding beliefs are acknowledged as possible influences, they were not systematically analyzed. These factors may have moderated the intervention's impact on attitude, particularly among pregnant women, who may face greater social expectations to conform.

The findings suggest that while knowledge can improve rapidly, attitudinal change may require prolonged exposure, support, and reinforcement, especially among caregivers who hold decision-making authority. The success of the Emo-Demo

approach in this context reflects its adaptability to low-literacy settings by using emotional engagement and hands-on demonstrations. However, sustained behavior change will likely depend on multi-layered strategies, including community dialogue, support networks, and follow-up interventions. For broader implementation, the Emo-Demo model should be integrated with qualitative monitoring, contextual adaptation, and policy-level support to address deeper cultural and interpersonal dynamics that influence maternal and child health behaviors.

CONCLUSION

The Emo-Demo intervention demonstrated a significant positive impact on enhancing knowledge related to exclusive breastfeeding and appropriate complementary feeding among both pregnant women and their caregivers, observed immediately and sustained 30 days following the activity. Statistical analysis revealed a notable improvement in knowledge scores among pregnant women both post-intervention and after 30 days, although no significant change was detected in their attitudes. Conversely, caregivers showed significant gains in knowledge immediately and 30 days after the intervention along with a statistically significant improvement in attitude at the 30-day follow-up. These findings suggest that while Emo-Demo serves as a promising initial strategy for nutrition education, sustained behavior change, particularly in maternal attitudes may require repeated and reinforced interventions. Integrating Emo-Demo into existing health services, such as through trained community health workers (*kader*) during routine *posyandu* sessions, could enhance its sustainability and reach. Policy implications include the need to pilot scalable, community-based programs that combine emotional engagement with structured follow-up mechanisms to support lasting improvements in maternal and child nutrition practices.

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Conflict of Interest and Funding Disclosure

None

Author Contributions

RTK: conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; resources; roles/writing-original draft; writing-review & editing. AP: conceptualization; investigation; methodology; resources; roles/writing-original draft. FDC: conceptualization; data curation; formal analysis; methodology; software; supervision; roles/writing-original draft. GMK: conceptualization; investigation; methodology; project administration; resources; roles/writing-original draft-review & editing. AWW, ABH, MB, EH, TRN, YPSM, RSD: conceptualization; methodology; resources; roles/writing-original draft. SRD: funding acquisition; resources; supervision; writing-review & editing. MBQ & RI: resources; supervision; writing-review & editing.

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